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## Strengthening medical teachers' professional identity

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# SUMMARY

Identity is an organising element in medical teachers' professional lives representing a source of meaning: it is a resource that teachers use to explain, justify and make sense of their position in relation to others. As teachers interpret the past and make choices regarding how to act in light of their identity, identity matters. This thesis particularly focuses on how medical doctors and scientists develop an understanding of themselves *as a teacher*: a teacher identity.

Adopting a new professional identity, or integrating a new role into one's identity, can be a difficult process. Although there exists quite a lot of research concerning how teachers working in primary and secondary education develop a teacher identity, studies of university teachers in the medical domain are relatively scarce. In order to be better able to support medical teachers, it is important to understand the processes involved in developing a teacher identity.

Professional development activities have an important role to play in supporting and valuing medical teachers' identity as a teacher. Empirical research showing *the way* in which professional development activities actually do so is, however, lacking. In particular, the separate contributions of formal and informal activities, as well as the ways in which these contributions are achieved, remain unclear.

In order to be able to better support medical teachers in the process of developing a teacher identity, this thesis aims to provide deeper insights into the processes involved in developing a teacher identity in the university context, particularly in the case of medical teachers, as well as the role formal and informal professional development activities can play in supporting identity development. The central question that informed this study was: *How do university teachers, and medical teachers in particular, develop a teacher identity and what role do professional development activities play in supporting this process?* The research question was approached from a socio-cultural perspective on identity, which in one of the studies was combined with a dialogical approach.

In order to answer the research question, a systematic literature review and three empirical studies were conducted. The empirical studies relied on observations, semi-structured interviews, logbooks and questionnaires to create a rich and authentic description of the way teachers make sense of themselves in relation to their context. Furthermore, this triangulation of data collection

methods also provided the rich complexity of abundance that is required to capture the intricacy of the processes involved in identity development. The studies were conducted at a Dutch medical centre, which was formed as a result of a recent merger between a university medical school and a large local academic hospital. The empirical studies were conducted two and seven years after a new student-centred, vertically integrated curriculum was introduced into the preclinical undergraduate programme in medicine, which involved an emphasis on small group teaching. This teaching of small groups is performed by teachers from all departments and from all levels of the university hierarchy, not only associate and full professors, but also PhD students and postdoctoral researchers, and sometimes full-time teachers.

First, a systematic review of the literature was conducted in order to understand the processes involved in how university teachers develop a teacher identity. Following a socio-cultural approach to teacher identity, we assumed that university teachers develop and maintain their identity in relation to multiple professional contexts in which their role might be regarded in different ways, and particularly in a more or less positive fashion. In order to understand the way in which the context either supports or constrains the development of a teacher identity, as well as the underlying psychological processes involved, we conducted a qualitative synthesis of 59 mostly qualitative studies. This systematic literature review is described in *Chapter 2*.

The review showed that developing a teacher identity in the higher education context is not a smooth process. Several contextual factors contribute to the development of teacher identity. While contact with students and staff development programmes were experienced as strengthening teacher identity, the wider context of higher education was experienced as having a constraining effect. Furthermore, the impact of the direct work environment was experienced as either strengthening or constraining, depending on whether or not teaching was valued in a particular department. Five psychological processes were found to be involved in the development of a teacher identity, namely a sense of appreciation, a sense of connectedness, a sense of competence, a sense of commitment, and imagining a future career trajectory.

The following study, as described in *Chapter 3*, employed an empirical qualitative approach aimed at understanding how beginning university teachers in undergraduate medical education integrate the teaching role into their identities. The tensions that these beginning medical teachers experienced were explored, as well as the narratives they used to overcome such tensions. The research question was answered through the use of figured worlds theory and dialogical self theory. According to figured worlds theory, identities are situated in and shaped by contexts that are referred to as figured worlds, that is, socially and culturally constructed realms of interpretation in which particular characters and actors are recognised, significance is assigned to certain acts, and particular outcomes are valued above others. Eighteen beginning medical teachers were interviewed twice and all kept a logbook over a period of seven months.

The study showed that the integration of the teacher role into the teachers' identities was hampered by their belief that teaching is perceived as a low status occupation in the figured worlds of research and health care. Some teachers experienced significant tension because of this, while others showed resilience in resisting the negative associations that were thought to exist in relation to teaching. Remarkably, we found the figured world of teaching to be less pronounced and less developed than the figured worlds of research and health care. The teachers used five different identity narratives to integrate the teacher role into their identity, narratives in which the positions of teacher and doctor or researcher were found to be combined, adopted or rejected in diverse ways. The five identity narratives were: (1) coalition between the identity position of teacher and other identity positions; (2) no integration of the position of teacher: holding on to other identity positions; (3) construction of the identity position of teacher and other positions as opposites; (4) coalition between the position of teacher and a third position of coordinator; and (5) meta-position: trivialising the importance of status.

As informal faculty development approaches are relatively unknown and remain poorly described in the literature so far, we then performed an exploratory study to determine the role of informal teacher communities in the professional development of medical teachers. In this exploratory qualitative study, as described

in *Chapter 4*, the processes that make these informal teacher communities effective in supporting peer learning were explored. Two informal teacher communities intended to support tutors with a recently introduced student-centred undergraduate curriculum were followed, in which nineteen teachers participated. The interactions within the communities were observed and semi-structured interviews were conducted with ten of the participants.

The study showed that the informal teacher communities not only supported the professional development of the tutors, but also valued and strengthened their identity as a teacher. The informal teacher communities allowed the tutors to engage in dialogues with colleagues and share their questions, solutions and interpretations. They also provided opportunities to explicate tacit expertise, which helped the tutors to develop an idea of their role and form a frame of reference for their own experiences. Furthermore, the communities enhanced the tutors' sense of belonging.

*Chapter 5* describes a study in which the specific ways formal and informal professional development activities contribute to strengthening teacher identity. Teaching courses and teacher communities are compared and the underlying processes that explain the contribution of each of them are described. In a mixed methods study dominated by qualitative methods, two groups of teachers involved in a teaching course and two groups of teachers involved in teacher communities were investigated ( $n=37$ ). Observation, interview, logbook and questionnaire data were all collected among 23 of the participants.

The study showed that both teaching courses and teacher communities strengthened participants' identity as a teacher, albeit in different ways. The teaching course contributed to a more positive image of the teaching profession as a whole, as well as an increased sense of recognition of competence on the part of others, whereas the teacher communities contributed to a strengthened sense of connectedness. Furthermore, both forms contributed to a sense of competence. Overall, both forms of faculty development seemed to lead to the empowerment of medical teachers and a strengthened sense of agency.

In *Chapter 6*, the findings of the different studies are brought together and three main conclusions are drawn. The first conclusion is that the development of a medical teacher identity is hampered by

the perception of negative collective stories to be told about teaching as well as a lack of positive collective stories. However, medical teachers also appear to be resilient when it comes to dealing with these stories and show creativity in adjusting the stories and shaping their identity narratives. The second conclusion is that several processes are involved in professional identity development: a sense of appreciation, a sense of connectedness, a sense of competence, a sense of commitment, and imagining a future career trajectory. Some of these processes were confirmed and validated in our empirical studies on professional development activities. The thesis therefore offers several starting points for supporting medical and other teachers working in higher education. The third conclusion is that teacher identity can be strengthened through both formal and informal approaches to professional development, although the way in which these outcomes are achieved is different for both approaches.

In *Chapter 6*, these findings, the limitations of the study, some theoretical and methodological issues, and suggestions for future research are all discussed. On the basis of the thesis, we can conclude that medical teachers can be supported in four key ways: by building a community, by emphasising the significance and complexity of the teaching profession, by creating suitable conditions to develop teaching competencies and become more skilled, and by establishing rewards and incentives for developing and improving teaching.